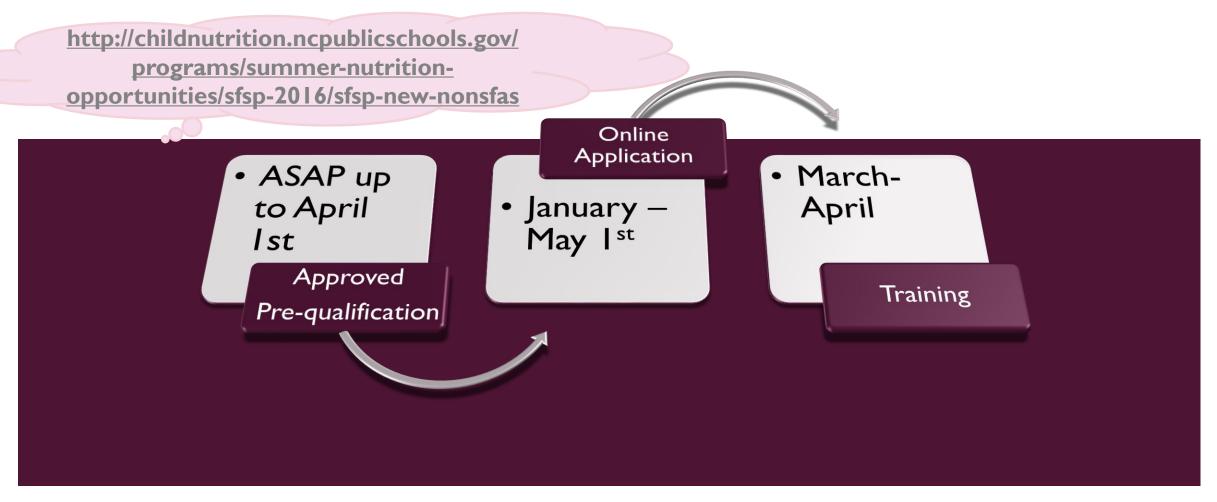
SY 2015-2016 SUMMER FOOD SERVICE PROGRAM

NEW NON-SFA SPONSOR ONLINE APPLICATION TRAINING



ALL PRIVATE NONPROFIT AND PUBLIC NON-SFA ORGANIZATIONS



New Non-SFA	s - Next Steps to participate in the Summer Food Service
Audience	New Sponsors - Non-SFA Non-SFA includes Public or Private Non-profit organizations that have not participated in SFSP under the NC Department of Public Instruction.
STEP 1 SFSP Pre- Qualification	1. Review and begin completion of Criminal Background Check Form and SFSP Pre-Qualification Form for New Sponsors. • MCDPI Vendor Electronic Payment Form • Summer Food School Nutrition Security Form (rev. 2/2015) 2. Attend the Pre-Qualification Workshop to aid in the process. Workshops were conducted on the following dates. November 18, December 3, December 4, 2015. • Recorded Webinar (57min:58 sec)
STEP 2 SFSP Written Agreement and Online Application Process	1. Complete SFSP Written Agreement (NOTE: The written Agreement will be provided in early 2016 only to sponsors that have successfully pre-qualified to participate in the SFSP.) 2. Attend "SFSP Online Application Process" Workshop *IMPORTANT NOTE* Only Pre-Qualified Sponsors may attend a workshop for the SFSP On-Line Application. The webinar registration link will be provided to sponsors after successful completion of the pre-qualification process. Webinar-based workshops have been scheduled. To register for the workshop of your choice click on the date. 9 January 20, 2015 (9:30 - 11:00 am) 9 January 29, 2015 (9:30 - 11:00 am)
STEP 3 Approval by State Agency	IMPORTANT NOTE: All sponsors must be fully approved to participate in the 2016 SFSP Program in order to claim meals for reimbursement. Sponsors WILL NOT be reimbursed for meals served prior to full approval to participate in the SFSP program.
STEP 4 Attend SFSP Required Continuing Education for Non- SFAs 1 1/2 Day Workshops	All sponsors approved by the NCDPI School Nutrition Services to participate in the 2016 Summer Food Service Program are required to attend and complete a SFSP Continuing Education 1 1/2 day workshop. The dates are: Greensboro (at Deep River) March 15-16 Hickory Metro Convention Center: March 22-23 New Bern Convention Center: April 20-21 Workshop registration information will be provided to approved sponsors at a later date.

SNTS LOG IN

Welcome,

You have been setup for the School Nutrition Program Electronic Application and Reimbursement System. This user guide is intended to provide a general understanding of how to use the system in an effective and efficient manner.

This is a web based software solution that provides administrators, state users, and sponsors with efficient and immediate access to applications, claims and related nutrition program functions. The link to the system is:

https://www.ncchildnutrition.org/snp/Splash.aspx. Use your NCID and password to log-in to the system. If your NCID is NOT correct, please contact me immediately. You will not be able to log in to the School Nutrition Application until your NCID is correctly entered. If your NCID password need to be reset, please follow the steps below or contact the NCID Helpdesk at 1-800-722-3946 for assistance.

- I. Go to NCID.nc.gov
- 2. Click NCID above
- 3. Enter User NCID: xxxxxxxxx
- 4. Click on forgot your password and follow the instructions from there.

NCID

- I. Go to NCID.nc.gov
- 2. Click NCID above
- 3. Enter User NCID: xxxxxxxx
- 4. Click on forgot your password and follow the instructions from there.



North Carolina Identity Management (NCID)

NCID is the standard identity management and access service provided to state, local, business, and individual users. NCID provides a high degree of security and access control to real-time resources.

User ID:			
_		forgot your User	ID?
assword:			74-
		forgot your Passwo	ord?
	Logín	Need Help?	

REMINDER: Bookmarking this page can lead to error messages or denied access to your application or service

ACCESS TO THE SCHOOL NUTRITION TECHNOLOGY SYSTEM (SNTS)

END TO:	Cynthia_Ervin@d				E: School Nutrition Techr	iology System			
		pi.nc.qov	to	o add, change, or delete employe the School Nutrition Technolog	y System	N: A = Add a new employe Technology System C = Change a current us	er's access rights		
			DUE DATE: F	ive days prior to desired effective	e date	D = Delete a user out of	the School Nutrition Technology System		
request the fo	ollowing access leve	l to the School		E TYPED EXCLUDING SIGN y System- SFSP for the person(s)					
Action	_	Operator Nam	_	Operator's	Security Level	Contact	Email		
A, C or D)	First	мп	Last	NCID User Name	(makeshafferm)	Phone Number	Address		
Signature: Date: I understand that by giving the person(s) above access to the automated School Nutrition Technology System, I am giving them approval for the application/payment submission. Also, I accept the responsibility for any incorrect financial information entered by this person. SCHOOL FOOD AUTHORITY'S									
SCH	HOOL FOOD AUT	sion. Also, I	accept the responsible		information entered by this p				
SCH	HOOL FOOD AUT	sion. Also, I : THORITY'S	accept the responsible	ility for any incorrect financial	information entered by this p	erson.			
	HOOL FOOD AUT	sion. Also, I : THORITY'S OFFICER:	accept the responsible Print: Signature: Organization	ility for any incorrect financial	information entered by this p	erson. Date: _	_		
SCHOO!	HOOL FOOD AUTHO	sion. Also, I : IHORITY'S OFFICER: RITY INFO arter, Camp)	eccept the responsible Print: Signature: Organization Name:	ility for any incorrect financial	information entered by this p	erson. Date: _			
SCHOO!	HOOL FOOD AUT FINANCE OL FOOD AUTHO (LEA/Cha	sion. Also, I : IHORITY'S OFFICER: RITY INFO arter, Camp)	Print: Signature: Organization Name: Print: L	ility for any incorrect financial	information entered by this p	Pate: _ Agreement #: _			
SCHOOL DPI Use Only) CHOOL NU	HOOL FOOD AUT FINANCE OL FOOD AUTHO (LEA/Cha	Sion. Also, I : THORITY'S OFFICER: RITY INFO Arter, Camp) ON CHIEF:	Print: Signature: Organization Name: Print: L Signature:	ility for any incorrect financial	information entered by this p	Pate: _ Agreement #: _			
SCHOOL DPI Use Only) CHOOL NU FINAN	HOOL FOOD AUTHORITION SECTIONS SERVICES	Sion. Also, I a CHORITY'S C OFFICER: RITY INFO Inter, Camp) ON CHIEF: ASST DIR: required	Print: Signature: Organization Name: Print: L Signature:	ility for any incorrect financial	information entered by this p	Pate: _ Agreement #: _			
SCHOOL DPI Use Only) CHOOL NU FINAN	DL FOOD AUTHO (LEA/Cha	Sion. Also, I a CHORITY'S C OFFICER: RITY INFO Inter, Camp) ON CHIEF: ASST DIR: required	Print: Signature: Organization Name: Print: L Signature:	ynn Harvey	information entered by this p	Pate: _ Agreement #: _			

APPLICATION DEADLINES

February May 1st

- Early submission: February 1, 2016
- SUBMISSION: May 1, 2016
- The state agency has 15 days to notify the sponsor of an incomplete application.
- The state agency has 30 days to approve/deny a correct and complete application.

Submit 45+ days before your program's start date!

REMEMBER...

A sponsor may **not** claim reimbursement until:

- A valid executed agreement with the NCDPI
 AND
- 2016 application has been approved.

CHANGES THAT REQUIRE PRIOR APPROVAL

- Submit in SFSP technology system:
 - Sponsor/site address
 - Sponsor/ Organization type
 - Meal Vendor/SFA
 - Include the new contract
 - Eligibility Data
 - Average Daily Participation (ADP)
 - Include the Weekly Consolidation that includes the 5 previous daily meal counts
 - Operating days
 - Site addition or deletion
 - Meal preparation method

Submit for Approval

SUMMER FOOD SERVICE PROGRAM

APPLICATION PACKET USER GUIDE

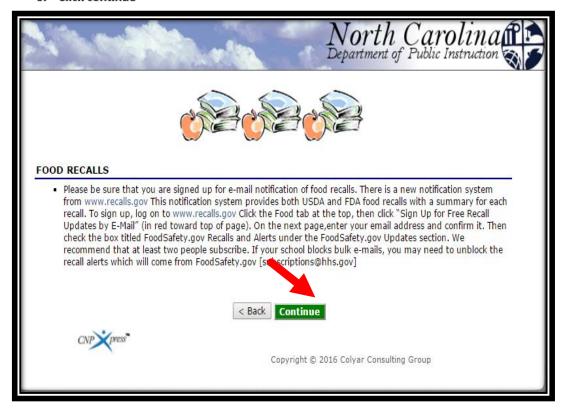
1. Log into https://www.ncchildnutrition.org/ and click on Log in to Applications and Claims beginning with SY 2012-13



2. Enter NCID User Name and Password. Click the Login button



3. Click continue



4. Click on the Summer Food Service Program Button

Note: If a user only have access to the Summer Food Service Program module, the other Program screens will be grayed out.



5. Click Applications on the menu bar to display items listed under Applications

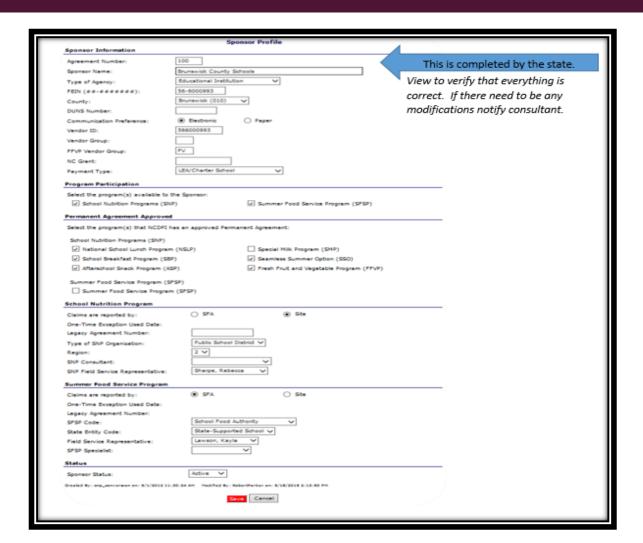




ORGANIZATION MANAGER



ORGANIZATION MANAGER - SPONSOR PROFILE



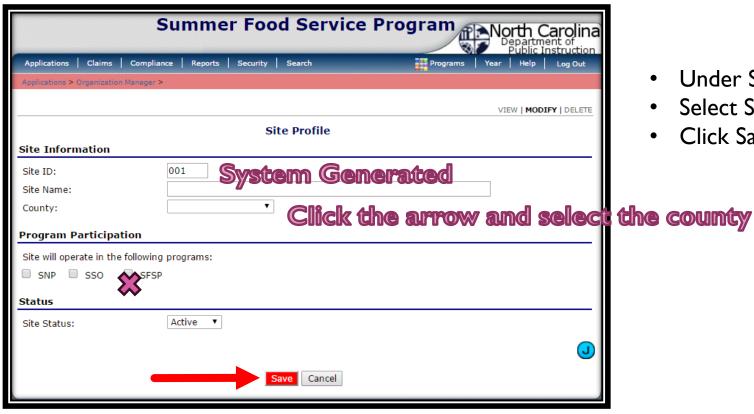
ORGANIZATION MANAGER - SITE MANAGER



ORGANIZATION MANAGER – SITE MANAGER



ORGANIZATION MANAGER – SITE MANAGER



- Under Site Information complete Site and County name
- Select SFSP for summer food program
- Click Save

ORGANIZATION MANAGER – SITE MANAGER

4. Click Finish



To view the profile created, click finish, then back to return to the sponsor manager. Click on site manager and select the appropriate site id to view the details.





ACCESSING THE HOME PAGE DOWNLOAD FORMS



ACCESSING THE HOME PAGE DOWNLOAD FORMS

100									
				Sui	nmer Food Service Program	> N.I	Carralina		
	Applic	ations	Claims	Compliance	Reports Security Search Programs	Public Year Help	Instruction Log Out		
		tions >	Claims	Compliance	Reports Security Search Frograms		Year: 2014 - 2015		
ľ	Applica	tions >			Download Forms	Program	rear: 2014 - 2015		
ш	Download Forms								
V	iew:	Grouped	d 🔻						
ш						Last	New		
		Form I	D		Description	Modified	Sponsor?		
		2015-2	016 Sumi	mer Food Ser	ice Program Application for NonSFA Sponsors (24)				
		NewSpo Checklis	onsor App st	lication	Checklist of application documents for New Public or Private Nonprofits	01/09/2016	Y		
		Returni	ng SFSP A	APP. Checklist	Checklist of application documents for Returning Public and NonProfits	01/09/2016	Y		
		Breakfa	st Menu		Fillable Breakfast Menu	01/09/2016	Y		
		Lunch a	and Suppe	er Menu	Fillable Lunch and Supper Menu	01/09/2016	Y		
		Snack M	1enu		Fillable Snack Menu	01/09/2016	Y		
		Affidavit	t of Self Pr	reparation	Reguired affifavit for sponsors using/renting facilities not owned.	01/09/2016	Y		
		State - :	Sponsor A	Agreement	State - Sponsor SFSP Agreement for all sponsors excluding SFAs	01/10/2016	Y		
		Attachn Governi	nent A- Lo ment	ocal	General Terms and Condition - Required for Local Government Sponsors	01/10/2016	Y		
Ш		Attachn	nent A- Pr	rivate	General Terms and Condition - Required for Private Nonprofit Sponsors	01/10/2016	Y		
		Attachn Departn	nent A- St nent	tate	General Terms and Condition - Required for State and Federal Government Sponsors	01/10/2016	Y		
		Attachn	nent C- Re	eporting	Notice of Certain Reporting Requirements - Required for Private Nonprofit and Federal sponsors	01/10/2016	Y		
		Attachn	nent D		Notarized Conflict of Interest Policy. Required for Federal and Private sponsors	01/10/2016	Y		
		Training) Agenda	& Certification	Frontiline staff training agenda & certification of required SFSP training	01/10/2016	Y		
		Civil Rig	hts Traini	ing	Certification to support the completion of the required civil rights training for SY 15-16	01/10/2016	Y		
		Pre-awa	ard Compl	liance	Pre-award compliance is required for all sponsors annually excluding SFAs	01/10/2016	Y		
	İ	Affidavit	t For Cam	ps	This affidavit is required for sponsors administering camp sites	01/10/2016	Y		
		Free Me	al Policy S	Statement	The free meal policy statement is required for all sponsors	01/10/2016	Y		
		Heat De	emonstrat	ion Project	A spreadsheet to document sites and claim data for the extreme heat demonstration	01/10/2016	Y		
		Income	Eligibility	Form	Used to document individual eligibility for camp and closed enrolled sites.	01/10/2016	Y		
		Census	Average 7	Template	Using this forms to document average of more than one census block	01/10/2016	Y		
		CEP Sch	nools		This is a listing of all school's ISP numbers. The ISP must be 50% or greater to be considered eligible.	01/10/2016	Y		
		Migrant	Site Certi	ification	This certification is required to document that the site primarily serves migrant children	01/10/2016	Y		
		Appeal	Procdures	6	Procedures for request an appeal	01/10/2016	Y		

NEW SPONSOR APPLICATION CHECKLIST

	W SPONSOR APPLICATION CHECKLIST SUMMER FOOD SERVICE PROGRAM
Sponsor Name:	Agreement Number:
The following is a checklist of the require () each item after completion in the firs</th <th>ed documents to be returned for SFSP approval. Please Check et column titled "Sponsor use only".</th>	ed documents to be returned for SFSP approval. Please Check et column titled "Sponsor use only".
** Special Note Concerning Reimbursem	ent: According to 7 C.F.R. § 225.9 (d), SFSP reimbursements shall
not be paid for meals served at a site befo	ore the sponsor has received written notification that the site has rogram.
not be paid for meals served at a site befo been approved for participation in the pr	Sponsor SNP Proceedings of Consultant In Sponsor SNP Proceedings of Consultant In State Shows the State Shows the Sh

Meal Preparation Required Documents			
Menu(s) (include menu items and individual serving sizes; upload in the SN			
Technology System)			
For Self-Preparation Sponsor:			
Health Department Inspection Report(s) or Permit(s) (for all food preparation			
locations - upload in the SN Technology System)			
Affidavit of Self-Preparation Sponsors (for each food preparation location not owned			
by the sponsor - upload in the SN Technology System)			
Required Documents- Complete in the SN Technology System			
Organization Application			
Management Plan			
Food Production Facility			
SFSP Site Application (complete for each site- Click on the Summer Food Service			
Link)			
SFSP Budget (must complete all site applications first			
Field Trip Request			
Checklist Summary			
SFSP Budget Justification (as required by NCDPI- upload I the SN Technology)			
Sponsor and Site's Required Documents			
Program Agreement (Mail in the signature page with original signatures in blue ink			
and upload the entire agreement in the SN Technology System)			
Attachment A- General Terms & Conditions			
(Required for all Organization Types; Complete Specific Attachment A for your			
Organization Type - upload in the SN technology system)			
Attachment B- Federal Certifications (Required for all Organization Types - upload			
in the SN technology system)			
Attachment C- Notice of Certain Reporting and Audit Requirements			
(Required for Federal and Private Non-Profit Organizations - upload in the SN			
technology system)			
Attachment D-Notarized Conflict of Interest Policy	1	1	
(Required for Federal and Private Non-Profit Organizations - upload in the SN	1	1	
technology system)			

Mail completed application packet to: North Carolina Department of Public Instruction School Nutrition Section Summer Food Service Program 6324 Mall Service Canter Raleigh, NC 27959-6324

NC DPI SFSP Checklist 1/16

Iof 2

NEW SPONSOR APPLICATION CHECKLIST SUMMER FOOD SERVICE PROGRAM

List of Application Documents	Sponsor use only	SNP Consultant use only	Program use only
SFSP Training Agenda (include dates and topics; upload in the SN Technology System)			
2016 SFSP Sponsor Training Certificate (upload in the certificate SN Technology System)			
Civil Rights Training Certification (upload in the certification SN Technology System)			
Cognizant Agency Indirect Cost Rate (if applicable, upload in the SN Technology System- not required for SFA)			
Pre-award Compliance (upload in the SN Technology System)			
Migrant Certification as applicable (upload in the SN Technology System)			
For Sponsor who operates SFSP camp sites: Affidavit of Enrollment (upload in the SN technology system)			
Free Meal Policy Statement: (upload in the SN Technology System)			
Extreme Heat Demonstration Project Form- for outdoors sites without temperature control alternative as applicable			
Procurement			
Procurement Plan (Required for all sponsors - upload in the SN technology system)	T		
For SFSP Meal Vendor (previously known as FSMC):			
Sponsor/Vendor (include cycle menu, upload in the SN Technology System)			
General Terms and Conditions (Upload in the SN Technology System)			
Health Department Inspection Report (for all food preparation locations, upload in the SN Technology System)			
If SFSP Meal Vendor Contract is \$90,000 or over, (upload the following in the SN Technology System) Invitation to Bid Bid Announcement Bids received (all) Bid Bond			
Performance Bond			
For SFSP Meal School Food Authority:			
Sponsor/SFSP Meal School Food Authority Contract (include cycle menu, upload in the SN Technology System)	'		
Health Department Inspection Report(s) (for the location/s where food is prepared,	+		-
upload in the SN Technology System)			
General Terms and Conditions			
Read and Keep on file			
Administrative Appeal Procedures			
Complete for each site and Keep on file			
Sponsor Site Agreement			

Special Note Concerning Reimbursement: According to 7 C.F.R. § 225.9 (d), SFSP reimbursements shall not be paid for meals served at a site before the sponsor has received written notification that the site has been approved for participation in the program.

Mail completed application packet to: North Carolina Department of Public Instruction School Nutrition Section Summer Food Service Program 6324 Mail Service Center Raleigh, NC 27699-6324

NC DPI SFSP Checklist 1/16

WHAT QUESTION ARE THERE?

NO QUESTION IS TOO SMALL OR IRRELEVANT...

STEP I: CREATING AN APPLICATION

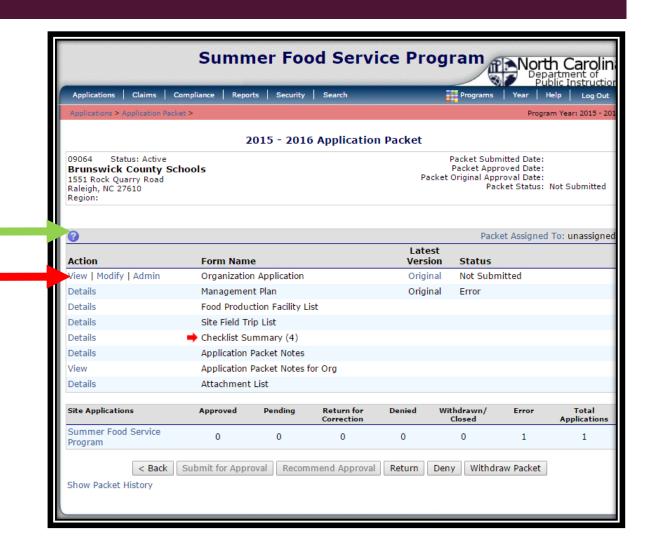






Items should be completed in order as listed:

- 1. Organization Application
- 2. Management Plan
- Food Product Facility List
- 4. Summer Food Service Program
- Budget Detail
- Site Field Trip List



CREATING ORGANIZATION APPLICATION

		VIEW MO	DIFY
		SFSP Sponsor Application For School Year: 2015 - 2016	
No a	70 Status: Active unswick County Sch address on file for this yea ion:		
Spe	onsor Type	Version: Ori	iginal
1.	Type of Agency:	Educational Institution	
2.	Type of SFSP Organization:		
Ph	ysical Address		
3.	Address Line 1:		
	Address Line 2:		
4.	City:		
5.	State:	NC Zip:	
6.	County:	▼	
Ма	iling Address		
	Same as the Physica	I Address	
7.	Address Line 1:		
	Address Line 2:		
8.	City:		
9.	State:	NC Zip:	
Su	mmer Food Service	Program Contact	
		Salutation First Name Last Name	
10.	Name:		
11.	Email Address: 貸		
12.	Phone:	Ext: Fax:	
13.	Title:		
14.	☐ This person atter	nded current program year's NCDPI training. Date Training Completed:	

Same as the Sum	mer Food Servic	e Program Conta	ct			
	Salutation	First Name		Last Na	me	
5. Name:		▼				
6. Email Address: 👣						
7. Phone:		Ext:		Fax:		
8. Title:						
Mailing Address						
Same as the Spons	sor Mailing Addre	ess				
19. Address Line 1:						
Address Line 2:						
20. City:						
21. State:	NC	Zip:				
	ended carrent	program year :	s NCDPI trainin	g. Date	Training Complete	d: [
	Salutation	First Name	s NCDPI trainin	Last Na		
Claim Contact			s NCDPI trainin			
Claim Contact		First Name	s NCDP1 trainin			
Claim Contact 13. Name: 14. Email Address:		First Name	s NCDP1 trainin			
23. Name: 24. Email Address:		First Name	s NCDP1 trainin	Last Na		
23. Name: 24. Email Address: 1.25. Phone: 26. Title:	Salutation	First Name V Ext:		Last Na		d:
Claim Contact 23. Name: 24. Email Address: 1. 1. 2. 2. 2. 2. Phone: 26. Title:	Salutation	First Name V Ext:		Last Na	ime	
Claim Contact 23. Name: 24. Email Address: \$\frac{1}{2}\$ 25. Phone: 26. Title: 27. This person att	Salutation	First Name V Ext:		Last Na	ime	d:
Claim Contact 23. Name: 24. Email Address: 1. 1. 2. 2. 2. 2. Phone: 26. Title:	Salutation Salutation Control of the salutation Control of the salutation	First Name First Name Ext: program year's	s NCDPI trainin	Fax:	Training Complete	d:
Claim Contact 23. Name: 24. Email Address: 25. Phone: 26. Title: 27. This person att Training Attendance 28. If neither the Summ	Salutation Salutation Control of the salutation Control of the salutation	First Name First Name Ext: program year's	s NCDPI trainin	Fax:	Training Complete	d:

CREATING ORGANIZATION APPLICATION

Ge	neral Questions			
30.	Does your agency provide year round public servi other than operating the SFSP?	es to the community(ies)	O Yes	O No
	If No, which of the following circumstance applies	?		
		▼		
	If Other, please describe.			
31.	List any federal agency providing financial support to your agency or enter "NONE":			
Ou	treach			
32.	Will the prototype Public Release provided by NCC	PI be used?	O Yes	O No
Spe	onsor Training			
33.	Sponsor certifies that the required training of all s 225) will take place prior to the first day of progra includes providing training on the following topics keeping, Site operations, Meal pattern requiremen	m operation and training at : Purpose of the program, S	tendance recor	ds will be on file. This
34.	Name and title of person(s) conducting training:			

Cer	tific	ation				
36.		te policies and rules require an agency to certify information regarding past business participatio ground. Please answer the following questions:	n an	d crim	inal	
	1.	Has the agency or any of the agency's principals participated in any publicly funded programs within the past seven years?	0	Yes	0	No
		NOTE: Principal means any individual who holds a management position within, or is an officer of, the SPONSOR (sponsor), including all members of the SPONSOR's board of directors, or otherwise exercises control of, or determines the actions of, the SPONSOR.				
		Publicly funded means money that is received from a local, state, or federal governmental agency.				
		If yes, submit a listing of the publicly funded programs in which the SPONSOR and its principals have participated in the past seven years and currently participate in.				
	2.	Within the past seven years, has the SPONSOR or any principals been declared ineligible to participate in any publicly funded programs for violating program requirements?	0	Yes	0	No
		If yes, answer question #3.				
	3.	Were the violations corrected and eligibility restored, including payments of debts owed?	\odot	Yes	\odot	No
		If yes, submit documentation of reinstatement, including proof of payment of debts owed, if applicable. If no, submit a detailed explanation.				
	4.	Has the SPONSOR or any of the SPONSOR's principals been convicted of any activity that occurred within the past seven years that indicated a lack of business integrity?	0	Yes	0	No
		NOTE: A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.				
	1	If yes, submit a detailed explanation.				
37.		This is to certify that this Sponsor intends that all electronic signatures executed by our employ representatives, located anywhere in the world, are legally binding equivalent of traditional has signatures. By checking the box, this Sponsor is certifying by electronic signature that neither inprincipals/authorized representatives is presently debarred, suspended, proposed for debarmed ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Fed department or agency.	ndw the S nt, d	ritten Spons leclare	or no	

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation or withholding of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Save Cancel

CREATING ORGANIZATION APPLICATION



If you see this error sign, select back, correct the error and click on save.

HOME PAGE

Show Packet History

Before



Action	Form Nam	ne		Lat Vers			
view I mouny	→ Organizatio	on Application		Orig	inal Error		
Add	Budget De	tail					
Details	→ Manageme	nt Plan					
Details	Food Produ	uction Facility	List				
Details	Site Field T	'rip List					
Details	Checklist 5	lummary (4)					
View	Application	Packet Notes	for Org				
Details	Attachmen	t List					
Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	0	0	0	0	0	0
	< Back	Submit fo	r Approval	Withdo	aw Packet		

After



Action		Form Name	Latest Version	Status	
View I Modify	V	Organization Application	Original	Not Submitted	
Add	→ :	Sudget Detail			
Details	→ :	Nanagement Plan			
Details		ood Production Facility List			
Details	5	Site Field Trip List			
Details	→ <	Checklist Summary (4)			
View		Application Packet Notes for Org			
Details		Attachment List			

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	0	0	0	0	0	0
	c Back	Cubmit fo	r Annrowal	Wilhelm	sur Darlost		

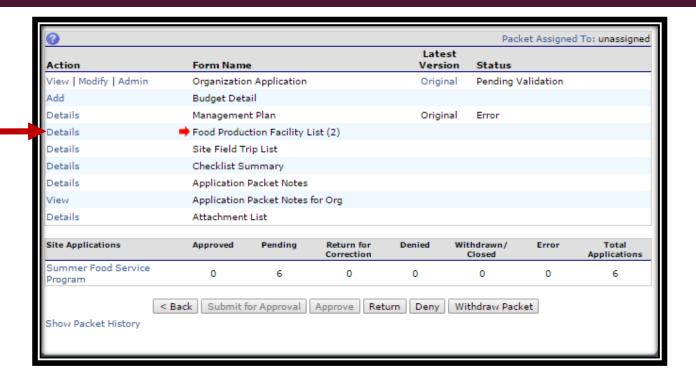
Show Packet History

CREATING MANAGEMENT PLAN

Summer Food Service Program North Carolin
Applications Claims Compliance Reports Security Search Programs Year Help Log Out
Applications > Application Packet >
VIEW MODIFY DELETE INTERNAL USE ONLY
2015 - 2016 SFSP Management Plan
07001 Status: Active City of Rocky Mount 331 South Franklin Street Rocky Mount, NC 27804 Region:
Management Plan Version: Original
Board Chairman
(Required for Private Non-profit Organizations) Salutation First Name Last Name
Salutation First Name Last Name Name: ▼
Date of Birth: (mm/dd/yyyy)
Title:
Email Address: 🛀
Phone: Ext: Fax:
Home Address
Address Line 1:
Address Line 2:
City:
State: NC Zip:
Administrative Staff
Name: Position title:
Has this person attended the mandatory SFSP training provided by NCDPI this program year? O Yes No
If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A
Name: Position title:
Has this person attended the mandatory SFSP training provided by NCDPI this program year? Yes No
If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A
Name: Position title:
this person attended the managery of or duming provided by Nebrit and program year.
and the state of t
Name: Position title:
Has this person attended the mandatory SFSP training provided by NCDPI this program year? O Yes No
If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A
Name: Position title:
Has this person attended the mandatory SFSP training provided by NCDPI this program year? OYes No
If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No NA

Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by NCDPI)
Overall Management		⋄
Claims Preparation		>
Accounting		>
Training/Monitoring		>
		©
		©
Operational Personnel		
Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by NCDPI)
Site Supervisor		\$
Volunteer(s)		⋄
		(
		© 0
		S
Sponsor Monitoring Plan		
Have you developed a system to ensure all required Internal Use Only	monitoring visits will be condu	○ Yes ○ No
Status: Pending Validation		
Internal Comments:		
Comments to Sponsor:		Then Click
		CIICK

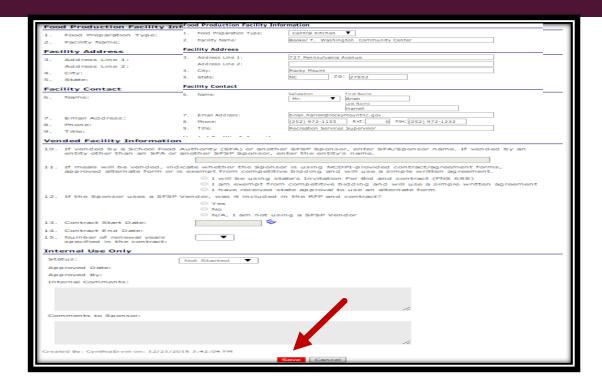
CREATING FOOD PRODUCTION FACILITY LIST

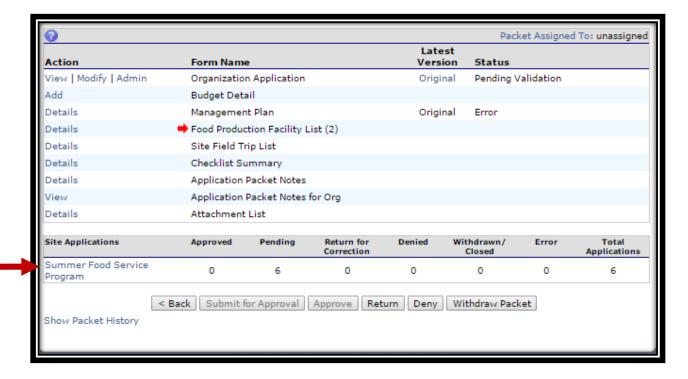


CREATING FOOD PRODUCTION FACILITY LIST



CREATING FOOD PRODUCTION FACILITY LIST

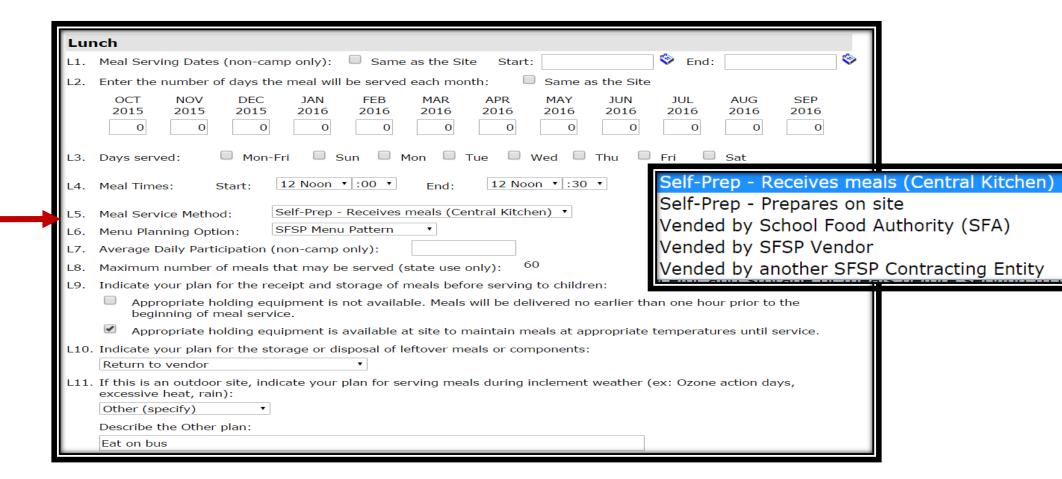


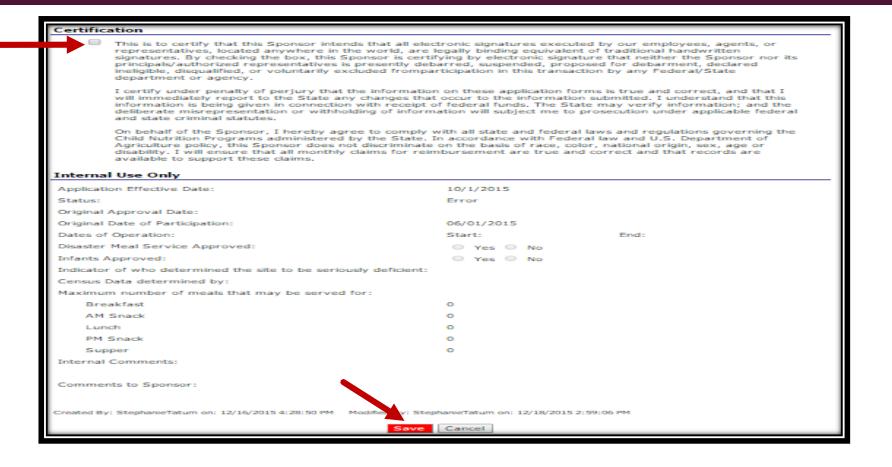


View Modify Admin	Site ID / Site Name 350 Alvin Caviness Park 302 Belville Elementary 309 Cedar Grove Middle School 310 Jessie Mae Monroe Elementary	Original / Error (14) Original / Pending Validation Original / Pending Validation Original / Origin
Admin View Modify Admin View Modify Admin View Modify	Belville Elementary 309 Cedar Grove Middle School 310	Pending Validation Original / Pending Validation
Admin View Modify Admin View Modify	Cedar Grove Middle School	Pending Validation
Admin View Modify		Oei-i1 /
		Pending Validation
	⇒ 320 Lincoln Elementary	Original / Pending Validation
View Modify Admin	→ 354 Middleton Park	Original / Pending Validation
View Modify Admin	→ 326 North Brunswick High	Original / Pending Validation
View Modify Admin	→ 351 Oak Island Park and Rec	Original / Pending Validation
View Modify Admin	⇒ 352 Seaside United Methodist Church	Original / Pending Validation
View Modify Admin	⇒ 332 Shallotte Middle	Original / Pending Validation
View Modify Admin	→ 334 South Brunswick High	Original / Pending Validation
View Modify Admin	→ 336 Southport Elementary	Original / Pending Validation
View Modify Admin	→ 355 Southport P&R	Original / Pending Validation
View Modify Admin	→ 338 Supply Elementary	Original / Pending Validation
View Modify Admin	→ 339 Town Creek Elementary School	Original / Pending Validation
View Modify Admin	→ 353 Virginia Williamson Elementary School	Original / Pending Validation
View Modify Admin	→ 348 West Brunswick High	Original / Pending Validation
Add Site Applic	cation	

Cod	e	Error Descript	ion
203	165	Site Eligibility - credit?" must be	The question, "Is this site open only to enrolled summer school students who receive academic enswered.
203	170	Site Eligibility -	The question, "Did this site operate last year?" must be answered.
203	194		The question, "Do you know of another Summer Food Service Program or Summer Seamless site within one-fourth mile?" must be answered.
203	197	Site Eligibility -	The question, "Is the owner/operator of this site a For-Profit organization?" must be answered.
203	291	Site Operation -	Operation Start Date is required.
203	292	Site Operation -	Operation End Date is required.
203	368	Lunch - Meal Se	erving Start date is required.
203	374	Lunch - Meal Se	erving End date is required.
203	365	Lunch - At least	one month must have at least one day of operation.
203	373	Lunch - At least	one service day must be selected.
203	384	Lunch - Average	e Daily Participation is required.
203	620	Outreach - Adv	ertisement Date is required.
203	622	Outreach - At le	east one Advertisement Method must be selected.
203	626	The Certification	n checkbox must be checked.
Dha		ddress	Version: Original
-			
1.	Addres	s Line 1:	704 N. Clarendon Avenue
	Addres	s Line 2:	
2.	City:		Southport
з.	State:		NC Zip: 28461
4.	County	:	Brunswick (010) •
5.	Neares	t cross street:	
Mai	ling Ad	ldress	
		e as the Physical	Address
6.		s Line 1:	35 Referendum Drive
<u>.</u>			
	Addres	s Line 2:	

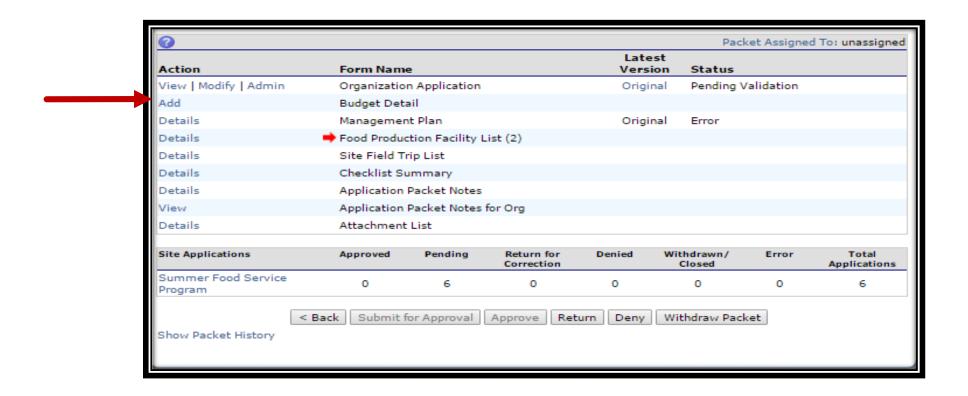
Ger	General Site Information				
17.	Operation Dates: Start: Start: End:				
18.	Enter the number of days the Site will operate each month:				
19.	OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP 2015 2015 2016				
l	☐ Breakfast ☐ AM Snack ☑ Lunch ☐ PM Snack ☐ Supper				
20. 21.	Has the site ever participated in the Summer Food Service Program under this Sponsor? Yes No No Mttp://www.fns.usda.gov/rural-designation				
Site	e Eligibility				





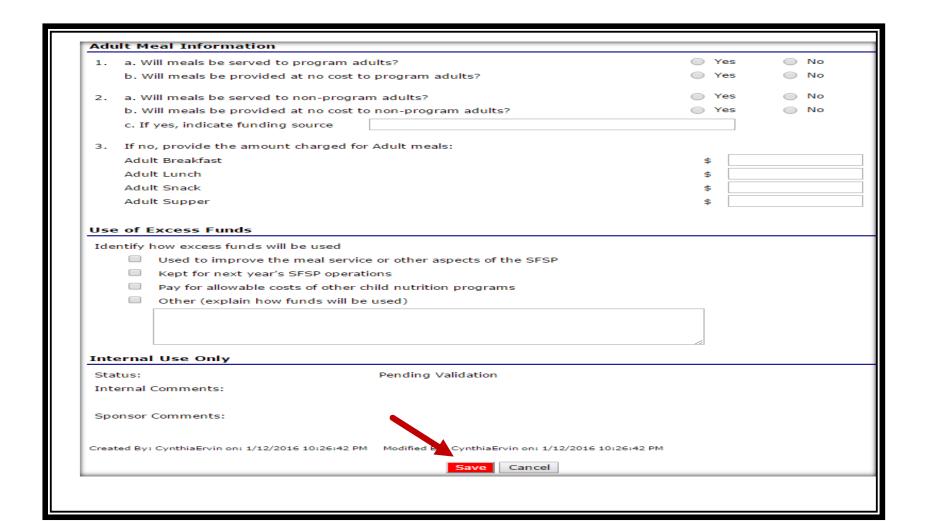
WHAT QUESTION ARE THERE?

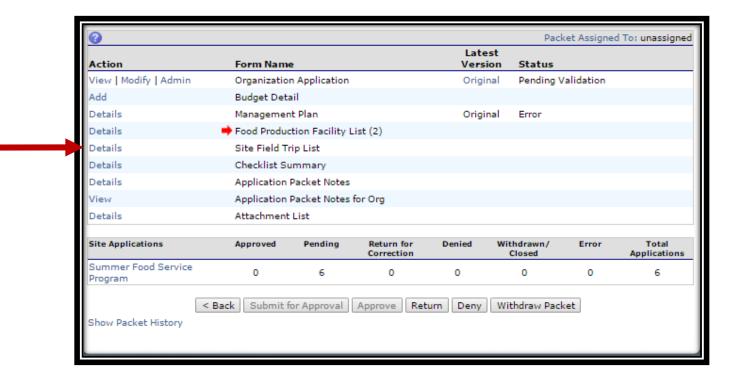
NO QUESTION IS TOO SMALL OR IRRELEVANT...

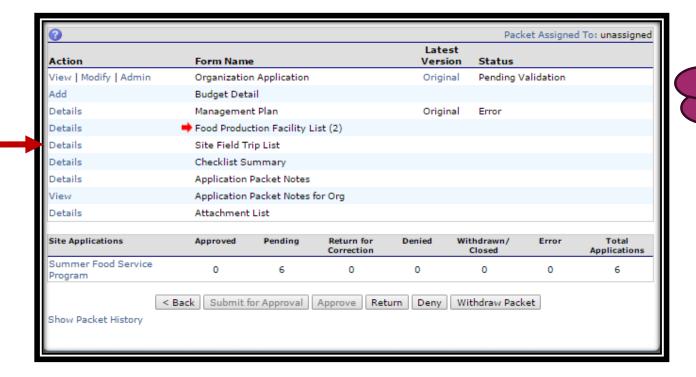


Meal	Sites	Total Meals	Total
Breakfast	0	0	\$0.00
Lunch	1	1,845	\$6,088.50
Snack	0	0	\$0.00
Supper	0	0	\$0.00
		Subtotal	\$6,088.50
Administrative Reimbursement			
Administrative Reimbursement Meal	Sites	Total Meals	Total
Administrative Reimbursement Meal Breakfast	Sites 0	Total Meals 0	Total \$0.00
Meal Breakfast			
Meal		0	\$0.00
Meal Breakfast Lunch	0 1	0 1,845	\$0.00 \$636.52

Projected Administ	trative Costs			
Administrative Person	nel (Salary and Fringe Benefits)	\$		
Office Expense		\$	450.00	
Facility and Utility		\$		
Transportation	Rate per mile: 0.00	\$	0.00	
Audit Fees		\$		
Legal Fees		\$		
Other		\$		
Indirect Cost	9,	6 \$		
		Subtotal	\$450.00	
Cost Reimburseme	nt Summary			
Total SFSP Costs			\$6,925.02	
Total SFSP Reimburse	ment		\$6,725.02	
	amount from the prior program year or previous	\$	200	
participation in SFSP	nding recourses (e.g. grant denations)	.		
	nding resources (e.g. grant, donations)	\$		
Other funding resourc	es		\$0.00	
		Balance	\$0.00	

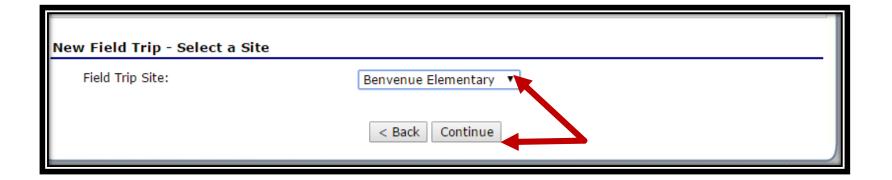


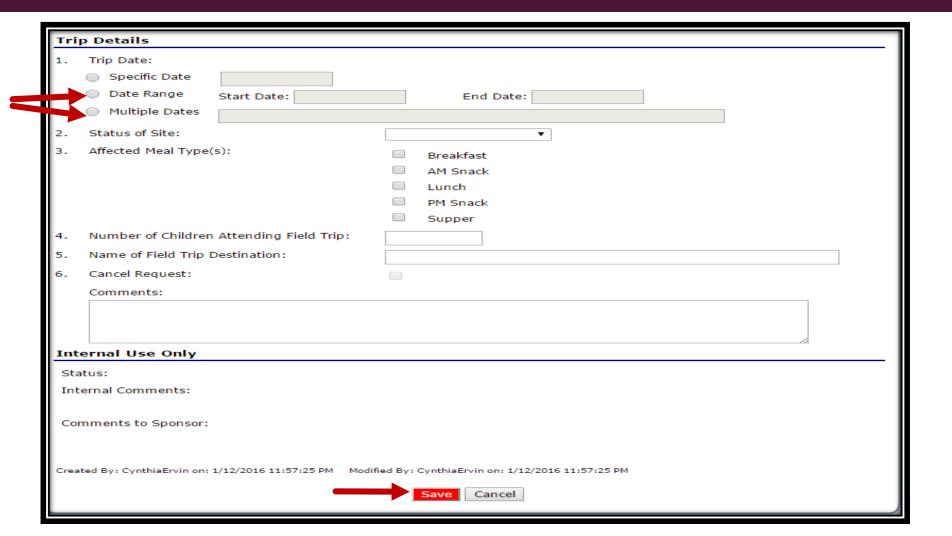




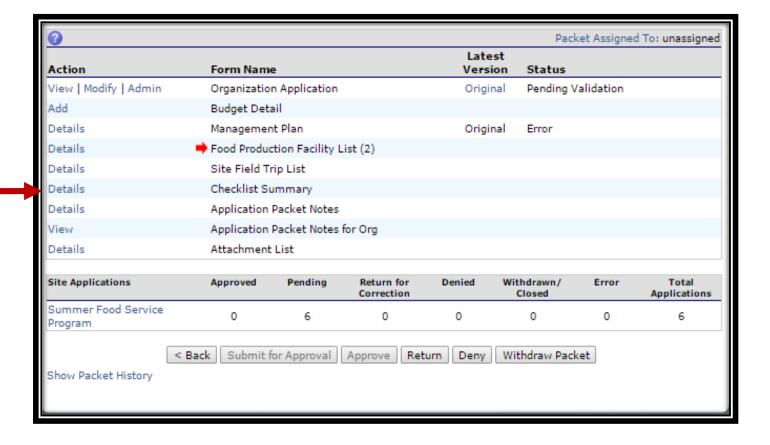
Requires prior NCDPI approval







CREATING CHECKLIST SUMMARY

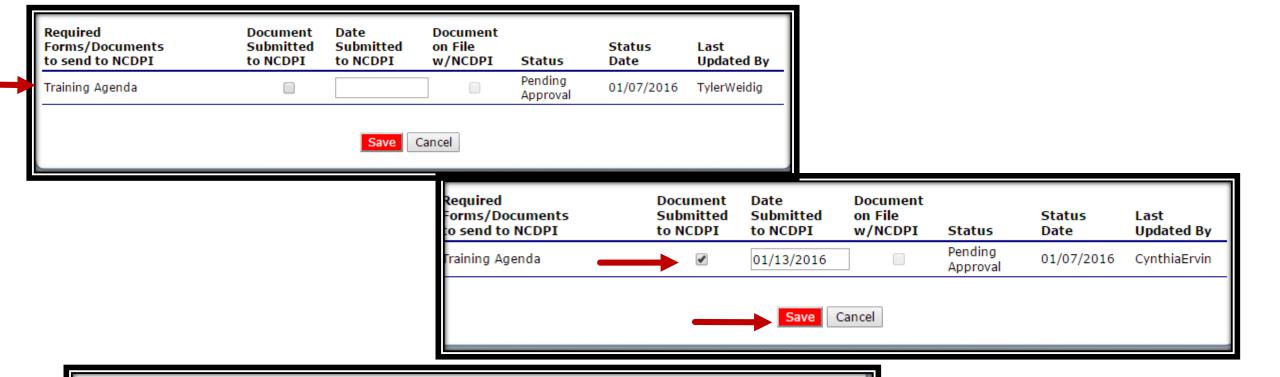


CREATING CHECKLIST SUMMARY

Sponsor	Total Items	Submitted Items	Approved Items
Food Bank of Central and Eastern North Carolina	1	0	0
Summer Food Service Program Sites	Total Items	Submitted Items	Approved Items
210 Johnston	0	0	0
A Kidz Zone Academy	0	0	0
A Touch From Above Faith Center	0	0	0
Aberdeen Recreation Station	0	0	0
ACTS of Vance County Inc.	0	0	0
AHA Moments Learning Center	0	0	0
All About Us Kids	0	0	0
AOGCC Vacation Bible School	0	0	0
Aspiring Generations Foundation	0	0	0
Bailey Area Ministries	0	0	0
Beaver Creek Food Pantry	0	0	0
Bethlehem Missionary Baptist Church	0	0	0
Boys & Girls Club - Wayne County	0	0	0
Boys & Girls Club of the Sandhills Aberdeen	0	0	0
Boys & Girls Clubs - Beaufort	0	0	0
Boys & Girls Clubs - Havelock	0	0	0
Boys & Girls Clubs of the Sandhills - Southern Pines	0	0	0
Boys & Girls Clubs Wayne County - Northern Wayne	0	0	0

CREATING CHECKLIST SUMMARY

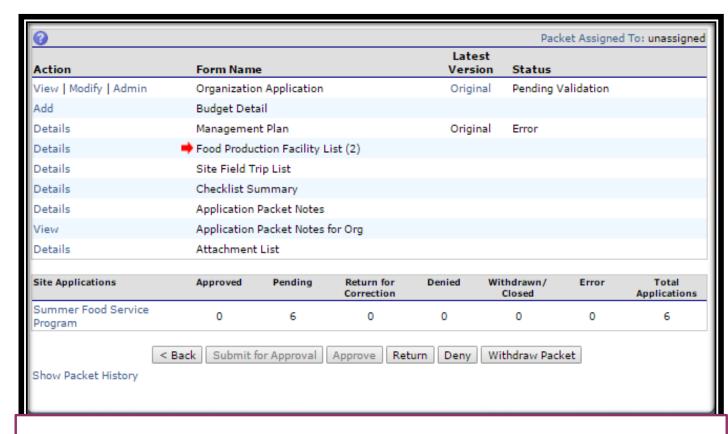
The Checklist has been saved.



Finish

< Edit

CREATING ATTACHMENT LIST



Upload PDF Format

CREATING ATTACHMENT LIST

Remember to upload training agenda and health inspection reports in attachment list.

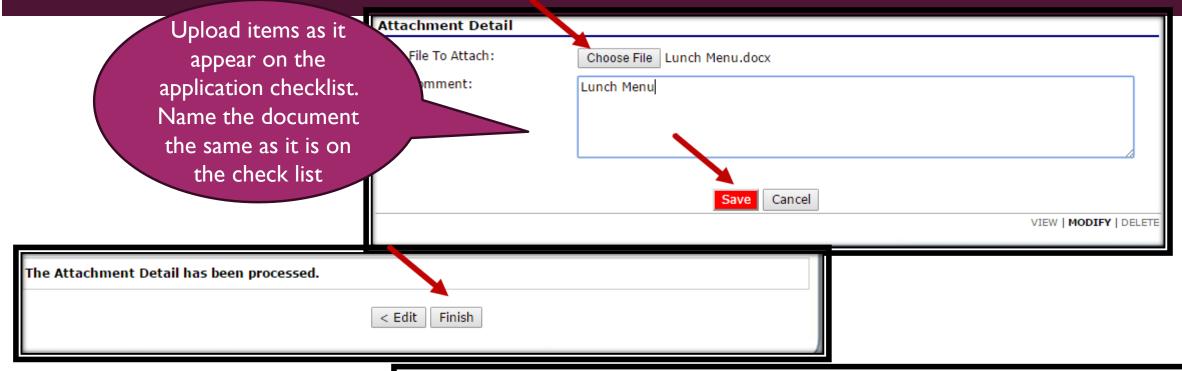
Action File Name Type Date Comment

No data to display.

Total Attachments: 0



CREATING ATTACHMENT LIST



Action	File Name	Туре	Date	Commen
View Modify	Lunch Menu.docx	application/vnd.openxmlformats- officedocument.wordprocessingml.document	01/13/2016	Lunch Meun
View Modify	Lunch Menu.docx	application/vnd.openxmlformats- officedocument.wordprocessingml.document	01/13/2016	Lunch Menu

NEW SPONSOR APPLICATION CHECKLIST

NEW SPONSOR APPLICATION CHECKLIST SUMMER FOOD SERVICE PROGRAM The following is a checklist of the required documents to be returned for SFSP approval. Please Check (✓) each item after completion in the first column titled "Sponsor use only". ** Special Note Concerning Reimbursement: According to 7 C.F.R. § 225.9 (d), SFSP reimbursements shall not be paid for meals served at a site before the sponsor has received written notification that the site has been approved for participation in the program. List of Application Documents Meal Preparation Required Documents Menu(s) (include menu items and individual serving sizes; upload in the SN For Self-Preparation Sponsor: Health Department Inspection Report(s) or Permit(s) (for all food preparation locations - upload in the SN Technology System) Affidavit of Self-Preparation Sponsors (for each food preparation location not owned by the sponsor - upload in the SN Technology System) Required Documents- Complete in the SN Technology System Organization Application Management Plan Food Production Facility SFSP Site Application (complete for each site- Click on the Summer Food Service SFSP Budget (must complete all site applications first Field Trip Request Checklist Summary SFSP Budget Justification (as required by NCDPI- upload I the SN Technology) Sponsor and Site's Required Documents Program Agreement (Mail in the signature page with original signatures in blue ink and upload the entire agreement in the SN Technology System) Attachment A- General Terms & Conditions (Required for all Organization Types; Complete Specific Attachment A for your Organization Type - upload in the SN technology system) Attachment B- Federal Certifications (Required for all Organization Types - upload in the SN technology system) Attachment C- Notice of Certain Reporting and Audit Requirements

Mail completed application packet to: North Carolina Department of Public Instruction School Nutrition Section Summer Food Service Program 6324 Mail Service Center

Attachment D-Notarized Conflict of Interest Policy

technology system)

technology system)

(Required for Federal and Private Non-Profit Organizations - upload in the SN

(Required for Federal and Private Non-Profit Organizations - upload in the SN

NC DPI SFSP Checklist 1/16

Iof 2

NEW SPONSOR APPLICATION CHECKLIST SUMMER FOOD SERVICE PROGRAM

List of Application Documents	Sponsor use only	SNP Consultant use only	Program use only
SFSP Training Agenda (include dates and topics; upload in the SN Technology System)			
2016 SFSP Sponsor Training Certificate (upload in the certificate SN Technology System)			
Civil Rights Training Certification (upload in the certification SN Technology System)			
Cognizant Agency Indirect Cost Rate (if applicable, upload in the SN Technology System- not required for SFA)			
Pre-award Compliance (upload in the SN Technology System)			
Migrant Certification as applicable (upload in the SN Technology System)			
For Sponsor who operates SFSP camp sites: Affidavit of Enrollment (upload in the SN technology system)			
Free Meal Policy Statement: (upload in the SN Technology System)			
Extreme Heat Demonstration Project Form- for outdoors sites without temperature control alternative as applicable			
Procurement			
Procurement Plan (Required for all sponsors - upload in the SN technology system)			
For SFSP Meal Vendor (previously known as FSMC):			
Sponsor/Vendor (include cycle menu, upload in the SN Technology System)			
General Terms and Conditions (Upload in the SN Technology System)			
Health Department Inspection Report (for all food preparation locations, upload in the SN Technology System)			
If SFSP Meal Vendor Contract is \$90,000 or over, (upload the following in the SN Technology System) Invitation to Bid Bid Amnouncement Bids received (all) Bid Bond Performance Bond			
For SFSP Meal School Food Authority:			
Sponsor/SFSP Meal School Food Authority Contract (include cycle menu, upload in the			
SN Technology System)			
Health Department Inspection Report(s) (for the location/s where food is prepared,			
upload in the SN Technology System)			
General Terms and Conditions			
Read and Keep on file			
Administrative Appeal Procedures			
Complete for each site and Keep on file			
Sponsor Site Agreement			

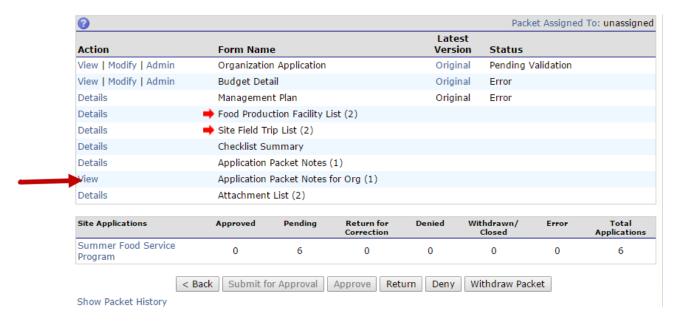
Special Note Concerning Reimbursement:

According to 7 C.F.R. § 225.9 (d), SFSP reimbursements shall not be paid for meals served at a site before the sponsor has received written notification that the site has been approved for participation in the program.

Mail completed application packet to: North Carolina Department of Public Instruction School Nutrition Section Summer Food Service Program 6324 Mail Service Center Baleich, NC 27699-6324 NC DPI SFSP Checklist 1/16

2of 2

APPLICATION PACKET NOTES FOR ORG



APPLICATION PACKET NOTES FOR ORG



SUBMITTING FOR APPROVAL



Submit for Approval

APPLICATION DEADLINES

February May 1st

- Early submission: February 1, 2016
- SUBMISSION: May 1, 2016
- The state agency has 15 days to notify the sponsor of an incomplete application.
- The state agency has 30 days to approve/deny a correct and complete application.

Submit 45+ days before your program's start date!

ADDITIONAL WORKSHOPS...

Civil Rights

Frontline Staff

Procurement Webinar -TBA February 2016

Small Purchase Threshold

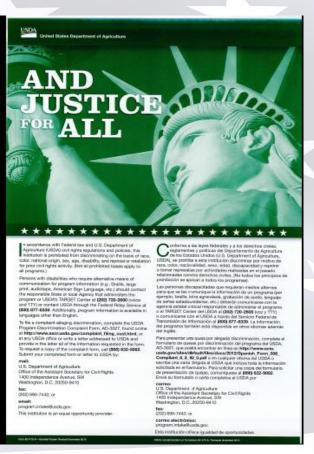
Formal Purchasing - Vended

Formal Purchasing – Self Preparation

Micro - Purchasing

WHAT QUESTION ARE THERE?

NO QUESTION IS TOO SMALL OR IRRELEVANT...



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To file a program complaint of discrimination, complete the <u>USDA Program Discrimination</u> <u>Complaint Form</u>, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) Tax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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